
**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 7 November 2017

Subject: Personalisation and Empowerment - adult social care

Report of: The Executive for Strategic Commissioning and Director of Adult Social Services

Summary

This report provides Members of the Committee with an update on Personalisation and Empowerment within adult social care, which has been further strengthened following the introduction of the Care Act 2014. Manchester's current position on the provision of Personal Budgets is very low when compared to other LA comparators. This report identifies that the introduction of Prepaid Financial Cards is one plank to improve take up and create operational efficiencies, similar to other local authorities. Alongside this, work is currently taking place to examine new ways to carry out Care and Support Planning, an integral feature of a statutory social care assessment; this could be achieved in different ways beyond the current assessor role so that citizens have greater choice and control and can be assisted to write their own Support Plan. Empowerment is another strong feature of the Care Act and the use of Independent Advocacy is well utilised in Manchester through our commissioned Advocacy Hub.

Recommendations

For Members of Health Scrutiny to note and comment on the developments of service improvements in relation to Personalisation and Empowerment within the adult social care statutory processes.

Wards Affected: All

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Background documents (available for public inspection): None

1. Introduction

1.1 This report provides Members with an update on work to deliver Personalisation and Empowerment within Adult Social Care. Both of these terms refer to a 'philosophy' or 'overarching framework' within the care sector that is concerned with:

- Putting users at the centre and listening to what goals and aspirations they have
- Carrying out strength-based assessments by our Social Workers and qualified Primary Assessors/Care Managers which focus on people as assets and what they can do, rather than what they cannot do
- Commissioning services that deliver high quality personalised care services, where outcomes are measured and captured as part of the commissioning cycle

1.2 What is Personalisation?

1.2.1 Personalisation is a social care approach described by the Department of Health as meaning that "every person who receives support, whether provided by statutory services or funded themselves, will have choice and control over the shape of that support in all setting".¹

1.2.2 It is often associated with direct payments and personal budgets, whereby citizens can choose the services they receive, and that services are tailored to the needs of every individual, rather than delivered in a one-size-fits-all mode of delivery.

1.2.3 Personalisation or Personalised Care and Support also encompasses the provision of improved information and advice on care and support for families, investment in preventative services to reduce or delay people's need for care and the promotion of independence and self-reliance among individuals and communities. As such, personalisation has significant implications for everyone involved in the social care sector.

1.3 What is Empowerment?

1.3.1 The Department of Health set out a suitable definition for Empowerment which are "duties to empower people to make decisions and be in control of their care and treatment which is underpinned by the Human Rights Act 1998, the Equality Act 2010 and the Mental Capacity Act (MCA) 2005"²

1.3.2 An essential feature of Empowerment is whether a person has capacity to make decisions that affect them. Accordingly, where a person who has been assessed as lacking capacity (to make that decision), is made in their best interests.

¹ Department of Health 2008

² Department of Health, 2011

- 1.3.3 Accordingly, adult social care has to make provision, under the Care Act and the MCA 2005 to ensure that people who lack capacity are supported by an Independent Advocate who can ensure that decisions are made appropriately. There is a specific duty on local authorities to involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, support them in weighing up their options, and assist them in making their own decisions.
- 1.3.4 The Advocacy duty will apply from the first point of contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry or safeguarding adult review. If it appears to the authority that a person has care and support needs, then a judgement must be made as to whether that person has substantial difficulty in being involved and if there is not an appropriate individual to support them. An Independent Advocate must be appointed to support and represent the person for the purpose of assisting their involvement if these two conditions are met and if the individual is required to take part in one or more of the following processes described in the Care Act
- A needs assessment
 - A carer's assessment
 - The preparation of a care and support or support plan
 - A review of a care and support or support plan
 - A safeguarding enquiry
 - A safeguarding adult review
 - An appeal against a local authority decision under Part 1 of the Care Act
- 1.3.5 Local authorities must consider, for each person, whether they are likely to have substantial difficulty in engaging with the care and support process. The Care Act defines four areas whether people may experience substantial difficulty. These are:
- Understanding relevant information
 - Retaining information
 - Using or weighing up information
 - Communicating views, wishes and feelings
- 1.3.6 Further details on how we offer personalised care and support as well as Independent Advocacy to support empowerment is contained later in this report.

2. Personalisation and Empowerment in a Care Act Statutory Assessment

- 2.1 Adult Social Care's statutory function is to carry out assessment to people who 'appear' to be in need of adult social care services. The Care Act 2014 states: "The Act gives local authorities a duty to carry out a needs assessment in order to determine whether an adults has needs for care and support. The assessment must be:

- provided to all people who appear to need care and support, regardless of their finances or whether the local authority thinks their needs will be eligible
- of the adult's needs and how they impact on their wellbeing, and the outcomes they want to achieve
- carried out with involvement from the adult and their carer or someone else they nominate. The adult may need an independent advocate provided by the local authority to help them with the assessment process

- 2.1.1 As part of the process, the authority must consider other things besides services that can contribute to the desired outcomes, and whether any universal preventative services or other services available locally could help them stay well for longer. For example, the local authority may offer the person a period of reablement to reduce needs and regain skills, before completing the assessment.
- 2.1.2 The regulations which support the Act ensure that the assessment is appropriate and proportionate, so that people have as much contact with the authority as they need. In addition, they require the authority to consider the wider needs of the family of the person (for instance, if there is a young carer).³
- 2.2 It can therefore be clear that the gateway to statutory adult social care services is through a suitably experienced care assessor. In Manchester, our assessment staff are either qualified Social Workers (SWs) or Primary Assessment Team (PAT) officers.
- 2.3 Our assessment process can be described as strength-based (a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets⁴). The Chief Social Worker for England, Lyn Romeo, in her Roundtable Report states:
- “Excellent social work is about emphasising the use of professional engagement and judgement, as opposed to procedural approaches, with a focus on the individual, taking a holistic and co-productive approach to keeping the person at the centre of all decisions, identifying what matters to them and how best outcomes can be achieved. It is about enabling people to find the best solutions for themselves, to support them in making independent decisions about how they live...which can help support and empower people to live the lives they want.”*⁵
- 2.4 The next stage is to draw up a Care and Support Plan; at present, this is completed between the person with assessed care and support needs and the

³ <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

⁴ <https://www.scie.org.uk/care-act-2014/assessment-and-eligibility/strengths-based-approach/what-is-a-strengths-based-approach.asp>

⁵ <https://lynromeo.blog.gov.uk/2017/07/21/my-call-to-action-for-strengths-based-social-work/>

assessor. There are several different models on how best practice around Care and Support Planning, including commissioning out this particular task to other organisations or to Peer Brokers, who can be seen as 'experts by experience'. Manchester currently carries out all Care and Support Planning in-house, although there are plans to consider new arrangements as part of new commissioning considerations in Manchester Health and Care Commissioning. There are several benefits to a mixed model of provision:

- The Care and Support Plan is a key stage in identifying what goals, wishes and aspirations the person may have and thus needs to be completed over a number of days/weeks to achieve the best plan
- Care assessors often do not have 'lived experience' and are therefore not 'experts by experience'
- Organisations and Brokers who operate outside the local authority develop strong local networks and community links and thus can provide people with how to meet goals, wishes and aspirations in ways that local authority assessment staff currently cannot due to time constraints
- By offering a new approach to Care and Support Planning, this frees up assessor capacity and resources to focus on the statutory assessment function

2.4 With regard to Empowerment, it can be seen that the Care Act sets out a statutory framework for supporting those who lack capacity or who need additional support to have a voice. As part of the preparations for the implementation of the Care Act 2014 (which was enacted on a April 2015), a new service was commissioned to provide Independent Advocacy in the city



and the contract was awarded to the Gaddum Centre to deliver a new Manchester Advocacy Hub. The Hub also delivers Independent Mental Health Advocacy (IMHA), Independent Mental Capacity Advocacy (IMCA), Independent Health Complaints Advocacy (IHCA) and Safeguarding Advocacy (specifically to ensure that safeguarding processes are personal and meaningful to the person) as well as telephone advice and support. The Care Act Advocate is now in place if a citizen will have substantial difficulty understanding the processes for their care and there is not an appropriate person to represent them. The Advocate will support the citizen through all stages of the assessment, the production of the Care and Support Plan, the statutory Annual Review and safeguarding in all community settings. This is in line with the the Care Act s7 of the statutory guidance.

2.5 In 2016/17, the Advocacy Hub, specifically in relation to Care Act Advocates, received 331 new referrals and closed 229 cases, amounting to a total of 4783.5 hours of advocacy⁶.

⁶ Manchester Advocacy Hub Annual Report 2016/17. The Gaddum Centre
<http://www.manchesteradvocacyhub.co.uk/care-act-advocacy/>

3. Our Manchester approaches

- 3.1 Our Manchester dovetails with Personalisation and Empowerment. The Our Manchester principles of how we work in an Our Manchester way provide a backdrop to how adult social care aims to work with not only older and disabled people but also carers, friends and family:

Proud - we actively tell people what our city has to offer, we do everything to the best of our ability and encourage others to do the same and we recognise achievements and celebrate our strengths

Listen - we have an open mind and never assume we know best, we carefully listen to other people's opinions, and respect what they say and we understand what is important to someone

Own it - we start from strengths, building on these to improve and develop outcomes and we demonstrate a positive 'can do' attitude to every situation

Work together - we respect everyone's opinion and recognise their contribution, we have open and honest conversations and we value everyone's contribution to make things happen.

- 3.2 There are a number of adult social care 'Our Manchester' approaches that support this philosophy:

- 3.2.1 **Manchester People First** is a self-advocacy organisation run by Learning Disabled People and has grown and developed over the past few years to become a centre for excellence in empowering learning disabled people to know their rights, obtain ongoing support and ensure their views are heard. They have recently won the "Best Service User Involvement" award in the Spirit of Manchester awards 2017.

- 3.2.2 **Involving disabled people in key adult social care activity** - for over a decade, adult social care has worked with key individuals who are in receipt of personal budgets through engagement events and also staff recruitment. It is considered that it is important that people in receipt of adult social care needs have a voice when recruiting staff at middle manager and senior executive grades to shape and influence the recruitment and selection process.

- 3.2.3 **People with a visual or hearing impairment** - our Sensory Team provides a range of services for people with a Hearing or Visual Impairment. Whilst this primarily is centred on an assessment for technical aids/gadgets that help people live independently (such as flashing light door bells, TV magnifiers, and kitchen equipment), there are other supplementary services such as the Link Worker role and the Rehabilitation Officer. Both of these roles provide an intensive offer of support to people around benefits and employment, whereas the Rehabilitation Officer helps Blind or Partially Sighted adults with travel training to support them to access education or employment. The Sensory offer in Manchester links in well with people newly-diagnosed with Sight Loss

to provide a seamless health and social care service that aims to reduce the potential loss of confidence in individuals following diagnosis.

- 3.2.4 **Our Manchester Disability Plan** - under the leadership of the Lead Member for Disability (Councillor Tracey Rawlins) and reported through Communities and Equalities Committee, adult social care has, over the past 3 years developed a new Strategic Plan to make Manchester a place where Disabled People can enjoy the same benefits that non-disabled people can. This is primarily focuses on Accessibility (the social model of disability says that disability is caused by the way society is organised, rather than by a person's impairment or difference). It looks at ways of removing barriers that restrict life choices for disabled people. When barriers are removed, disabled people can be independent in equal in society, with choice and control over their own lives.⁷
- 3.2.4 The approach to the Our Manchester Disability Plan (it was previously referred to as the All-Age Disability Strategy) was considered three years ago in response to adult social care's responsibilities to help disabled people that we serve. Some of the barriers to helping disabled people having "a good week, a good life" etc are beyond the remit of adult social care. Typical examples are: transport, education, employment, income etc. The philosophy within adult social care is that we want to work with people to help unlock their potential and help them achieve their potential. Many disabled people would like to gain employment or volunteering opportunities, yet there are some barriers for people to achieve that - these could be travel and transport for example.
- 3.2.5 Three years on, there is a dynamic Plan in place. During extensive public and targeted engagement, disabled people told us that they dislike the word "strategy" so we listened and changed the title. The Plan has set out how we will work to achieve a truly accessible Disabled People Friendly Manchester. Work is guided by the 12 Pillars of Independent Living:
1. Appropriate and Accessible Information
 2. An adequate income
 3. Appropriate and accessible health and social care
 4. A fully accessible transport system
 5. Full access to the environment
 6. Adequate provision of technical aids and equipment
 7. Availability of accessible and adapted housing
 8. Adequate provision of personal assistance
 9. Availability of inclusive education and training
 10. Equal opportunities for employment
 11. Availability of Advocacy and Self-Advocacy
 12. Availability of Peer counselling/support
- 3.3 For the first time, there are now 3 complementary strategies that will improve the lives of disabled and older people in Manchester:

⁷ <https://www.scope.org.uk/about-us/our-brand/social-model-of-disability>

- Improving health and social care through integration and the single hospital system
- Our Manchester
- Our Manchester Disability Plan

3.3.1 For adult social care, there is an immediate priority to improve the take-up of Personal Budgets, improve working with health around people who receive both a Continuing Healthcare (CHC) Personal Budget as well as an adult social care budget, and also to ensure that both Manchester Health and Care Commissioning (MHCC) and the emerging LCO adopt the Our Manchester Disability Plan and feed into this work. By working together, we can better listen to what disabled people want to achieve, empower them to achieve their goals and aspirations with all partners committed to removing barriers to opportunities.

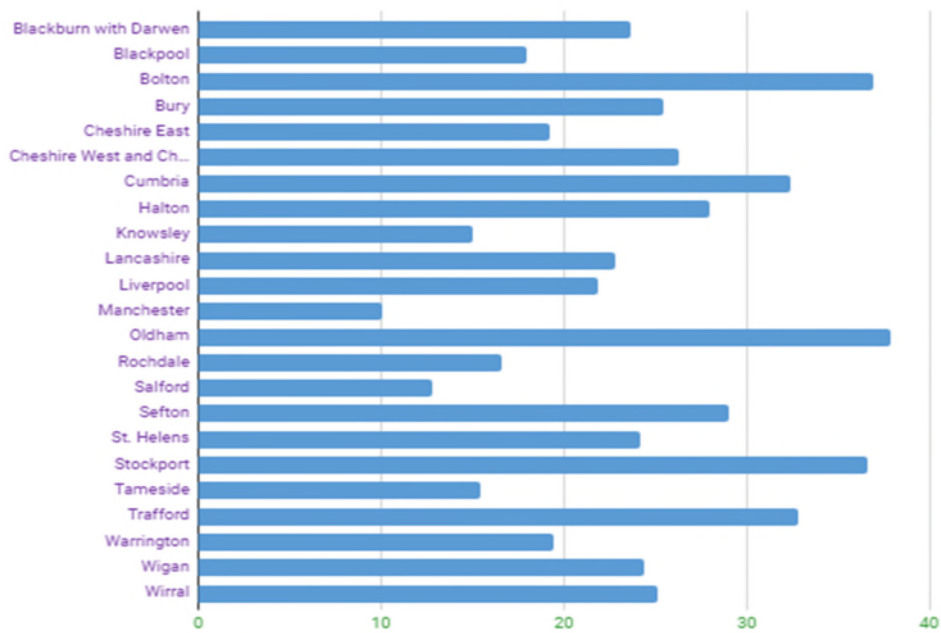
4. Direct Payments/Personal Budgets

4.1 Following an assessment and the creation of a Support Plan, an indicative budget is identified which is a cash amount of 'care'. Currently there are 3 different routes to obtaining care:

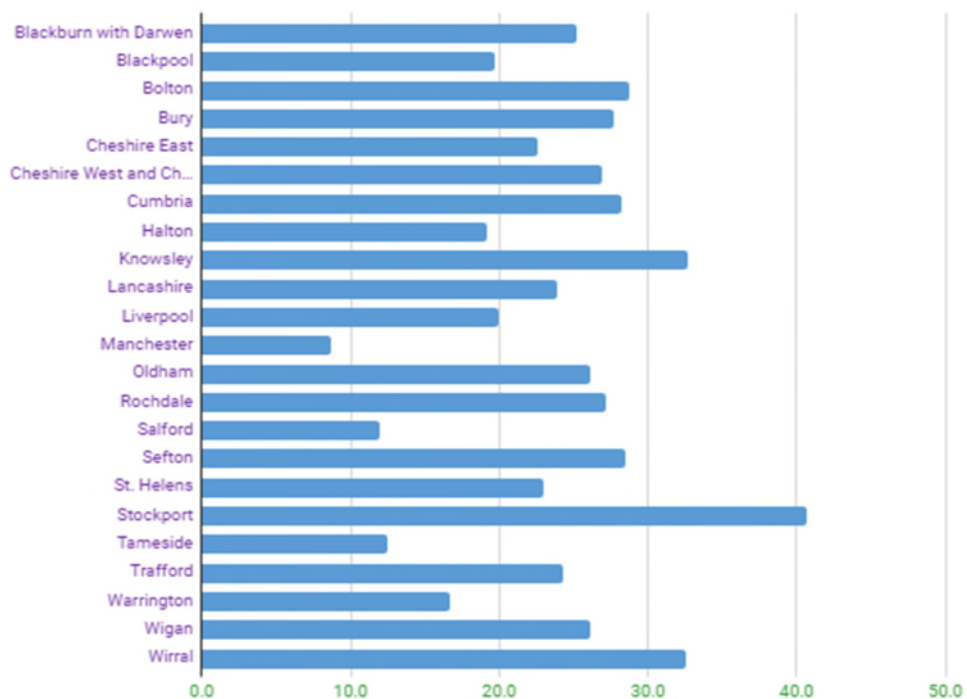
1. **A Cash Personal Budget** - a weekly amount that is given to a citizen to meet their full identified care needs. The majority of people taking a Cash Personal Budget use this to employ a Personal Assistant
2. **A Virtual Budget** - a weekly amount of care 'hours' that MCC arranges on behalf of the citizen. Examples include homecare, daytime support, assistive technology etc
3. **A Mixed Budget** - which is a combination of 1 and 2 above

4.2 The number of people taking (1) a Cash Personal Budget is very low and less than 10% of all citizens with assessed care and support needs. The following charts show the Manchester picture when benchmarked against other LA comparators:

2015-16

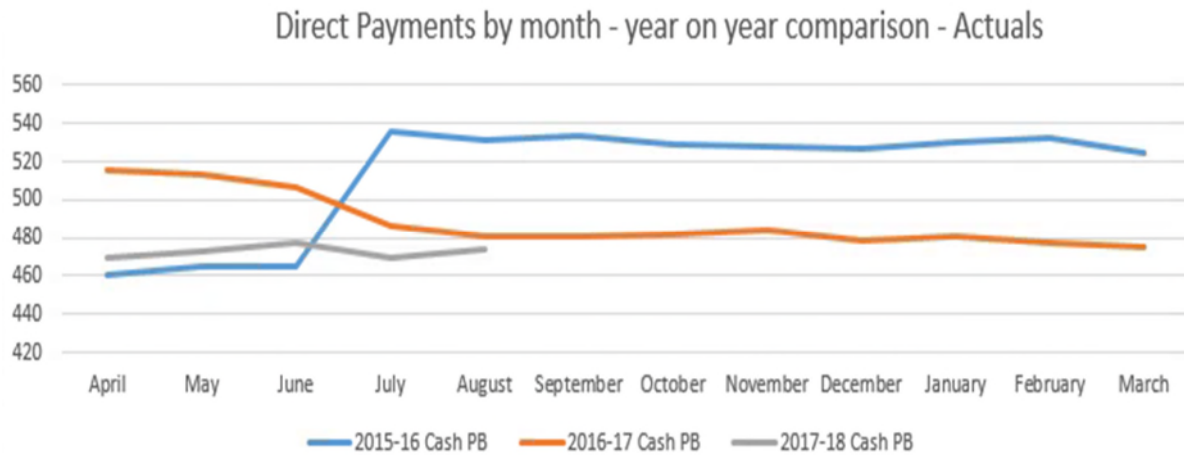


2016-17



4.3 As it can be seen, in 2015-16, Manchester LA had the lowest number of recipients of Cash Personal Budgets (10%) and similarly was the lowest in 2016-17. However, the number of recipients had dropped to circa 8%.

4.4 The following chart shows Manchester activity with year on year comparisons. It can be seen that 2017-18 data continues to show a low trend on activity:



4.5 There are a number of reasons why take-up of Cash Personal Budgets is low in Manchester:

- There are additional processes for the care assessor to undertake if a citizen chooses a Cash Budget so the overall timescales are longer
- When a citizen chooses to meet their identified needs through the recruitment of a Personal Assistant, the citizen becomes an employer so this attracts significant additional responsibilities
- There has been a lack of development in adult social care to develop viable alternatives to modernise approaches to a Virtual Budget

4.6 When Cash Individual Budgets (as it was termed then) was introduced over a decade ago, Manchester LA was a Trailblazer Authority. Around that time, a significant number of citizens received a cash individual budget and there were examples of innovative support planning on how citizens could meet their needs in a different way. Ten years on, Manchester has seen an erosion of exemplary practice where this is a very low area of activity

5. Introducing Prepaid Financial Cards

5.1 Many local authorities have introduced Prepaid Financial Cards, which in many ways corresponds with an increase in Cash Personal Budgets. Prepaid Financial Cards (PFCs) are similar to a credit card where the adult social care agreed Personal Budget is loaded onto a card which is issued to the citizen. There are tight controls and a heavy audited process, together with restrictions on how the PFC can be used. For example, it could not be used for Alcohol, Tobacco products or in certain outlets e.g. Betting Shops

5.2 Currently, for those citizens who take a Cash Personal Budget, there is a responsibility to retain and submit receipts for expenditure from this Budget. There is a small dedicated team in Finance who are responsible for the Cash Personal Budget audit process. Some of the work involved is concerned with financial reconciliation between weekly income and expenditure. Where there is an underspend by the citizen, the regulations permit claw back arrangements for any unspent monies. There is a recognised difficulty in how

resource intensive this is for both the citizen in receipt of the budget and the Audit team.

- 5.3 PFCs now offer a streamlined process that significantly reduces the heavy demand on back-office support, with full tracking software in place which provides real time expenditure. A further benefit is that clawback can be done weekly with minimal work for Audit and also places no demands on citizens.
- 5.4 It has been agreed that Adult Social Care will commission PFCs to mirror other LA activity. Recent commissioning activity has included:
- Presentations by the Prepaid Card Network - the umbrella body that oversees the providers in this area
 - Reviewing different providers, strengths and benefits
 - Identifying a Framework provider - Surrey County Council - to join for a nominal fee to fast track procurement time
 - Working with Sefton Borough Council to learn from their experience of introducing PFCs
- 5.5 In a report to Cabinet, Sefton Borough Council identified that Prepaid Cards offered the following benefits:
1. **Low Cost of Operation** - PFCs can lower the costs associated with carrying out business processes.
 2. **Better monitoring and auditing** - PFCs provide more effective monitoring of what money is being spent on as all transactions are recorded electronically and details are immediately available for analysis. This, in turn, allows for more effective and timely auditing of accounts thereby allowing for surpluses to be recovered from accounts immediately. In addition, by accessing spend on data through portals or by downloading transaction details, the time and costs associated with more traditional methods such as asking citizens to submit bank statements and complete paperwork are minimised.
 3. **More effective use of staff time** - as staff are able to spend less time on paper-based administrative exercises which typically include staff requesting hard copies of information and then conducting manual checks of the information submitted. This time can then be used to obtain surplus recoveries from Direct Payment (Cash Personal Budget) accounts and to ensure that citizens are making their required financial contributions.
 4. **Supports the Personalisation Agenda** - PFCs provide citizens with greater control with respect to whom and what their money is spent on. The user of cards can also assist some citizens with developing life skills, promoting independence and self-sufficiency or for those who do not have bank accounts. In addition, the PFC can be used to check that client contributions have been made onto the card by the citizen.
 5. **Assists with the identification of safeguarding issues** - via more robust and regular monitoring, issues such as the misappropriation of funding can be identified more quickly.

6. **More responsive service** - PFCs allow funds to be loaded immediately and can therefore be used to respond to emergencies (either initiated by the citizen or the LA). As soon as funds are transferred onto the PFC, they are instantly available to the citizen.
 7. **Wider use** - there is scope for PFCs to be utilised for other service areas across the Council.
- 5.6 Research by the Prepaid Card Network indicate that, following implementation of PFCs, there are savings of 5-10% on Cash Personal Budgets. These savings are identified through more effective use of PFCs and the streamlined manner in which clawback of under-usage or overpayments are made. With the ongoing pressures on the adult social care budget, these potential savings are to be welcomed and help manage demographic growth and increased demand.
- 5.7 Commissioners are currently working up an approach to procure a PFC provider through the Surrey Framework and guided by the learning from a visit to Sefton Borough Council.
- 5.8 The brief timeline and planned implementation programme is as follows:

Activity	Duration
Procurement of PFC	October - November 2017
Planning and Preparations work with new provider through a Task and Finish Group (key departments represented including Cash Budget Audit team, finance, adult social care, brokers, ICT etc)	November - January 2018
Preparations for staff briefings and development of new procedural/training manuals	December to February 2018
Launch	1 March 2018
Query Hotline and Site visits with support from the MiCare Team	All of March 2018
Service up and running ready for the LCO launch	1 April 2018

6. Exploring new approaches to Care and Support Planning

- 6.1 Currently, the role of adult social care assessors - Social Workers, Care Managers and Primary Assessment Officers - is to write the Support Plan with the citizen or carer. This is not recognised to be best practice and can be perceived as not promoting the Personalisation agenda.

- 6.2 Think Local Act Personal (TLAP) is a cross-sector commitment to improving personalised care and support and centred on the user voice, choice and control. TLAP has, over recent years, shaped and strongly influenced care and support developments for disabled and older people. In a report entitled “Delivering Care and Support Planning, TLAP asked people what ‘good looks like’ in care and support planning. The response was on the basis of ‘I’ Statements (these are assertions about the feelings, beliefs and values of the person speaking, generally expressed as a sentence beginning with the word ‘I’):
1. *The process from assessment through to review is transparent and clear; I know what to expect and when to expect it, and people do what they say they will do*
 2. *If I need help to plan, I can choose who supports me to plan and put the plan into practice*
 3. *People who support me to plan have a flexible, open, honest, positive, solution-focused attitude*
 4. *I am trusted to write my own care and support plan with whatever help I need*
 5. *I can involve family and friends if I choose*
 6. *I have all the information I need to plan: when I need it, in an accessible way, including signposting to what is available locally*
 7. *I am supported to take risks, and it is okay to make mistakes and change my mind*
 8. *My care and support plan is about the whole of my life, not just about assessed needs or money*
 9. *I am encouraged and supported to think creatively about ways to achieve my outcomes*
 10. *My review is person-centred, focused on me and my life, my outcomes and what is working and not working, not just the money. Through my review, I can also contribute my views to improving the system.*
- 6.3 In response to the above ‘I’ statements, there are emerging opportunities to consider other options to develop care and support planning with citizens and carers. This will involve looking beyond the current allocated social worker or care manager/Primary Assessment Officer to carry out this function. This may mean that the in-house Brokerage Team - who are independent and support Cash Personal Budgets recipients - could be expanded to carry out more independent care and support planning. In addition, the Voluntary and Community Sector are also developing real expertise through ‘lived experience’ to act as Peer Brokers and support our citizens with their Plan. Ideally it will involve a mixed model of provision e.g. a menu of services so that when the Assessor talks to the citizen or carer about their care and support plan, they can explain the different choices and the benefits of each to make an informed choice.
- 6.4 This work is in its infancy but will be developed over the coming months in order to have an emerging model in place for the launch of the LCO.

7. Integrated Personal Commissioning (IPC)

- 7.1 A further area of development work around Personalisation is Integrated Personal Commissioning. Personalisation under the NHS means that people with Continuing Healthcare needs can be offered a Personal Budget.
- 7.2 NHS England is working with Manchester City Council (MCC) and NHS Manchester Clinical Commissioning Group (CCG) to strengthen the personal budget offer across health and social care. Both MCC and Manchester CCG have ambitions to increase the choice and control offered by personal budgets including direct payments. There is recognition that working across health and social care to progress towards these ambitions offer benefits for local citizens through more seamless and integrated care and support. In addition, there is potential benefit to MCC and Manchester CCG in working more jointly on personal budgets, particularly direct payments, to deliver system efficiencies through economies of scale and more integrated processes.
- 7.3 NHS England is in the process of mapping the direct payments delivery model used by MCC and Manchester CCG with the aim of providing an independent assessment of its strengths and sustainability to deliver increases in direct payment (personal budgets) take up in social care and also the NHS mandate expectation that Manchester CCG will have 1,190 personal health budgets in place by 2020. Once the delivery model has been mapped and reviewed, a presentation to senior management will take place to agree areas for both strategic and operational development.

8. Conclusions

- 8.1 Personalisation is the overarching framework within the care sector that is concerned with putting adult social care citizens at the centre, and listening to what goals and aspirations they have. Personalisation is often linked to Personal Budgets which allow citizens and carers to choose the services they receive. The Care Act 2014 reinforces the duty to provide personalised care approaches and brings a new focus on people's wellbeing - a key feature of the legislation. The Chief Social Worker for England sets out the importance of keeping the person 'at the centre of all decisions' and helping to empower people to live the lives they want.
- 8.2 Manchester has not performed well over recent years in terms of the number of Cash Personal Budget recipients. In response to this, Manchester intends to bring in Prepaid Financial Cards in order to encourage more take-up and benefit from smoother processes. Not only is this more effective and key to the personalisation agenda, it should also achieve some operational savings (in the region of £5% as a moderate estimate) which means that the budget will stretch further to help more people under our statutory responsibilities.
- 8.3 Alongside this, there are new proposals to explore new models of Support Planning so that the function sits outside the assessor role. This needs further consideration and co-production with current users and citizens but is included here so that Members can be sighted on developments. Furthermore, the

work with NHS England centred on Integrated Personal Commissioning will be enabled by the introduction of the single commissioning function through MHCC.

- 8.4 Finally, citizen empowerment is an integral feature of a Care Act assessment, ensuring that, for those people who need additional support, will continue to have a voice.